

<i>SERFF Tracking Number:</i>	<i>IASL-127000409</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>47775</i>
<i>Company Tracking Number:</i>	<i>SM AR MP RPT</i>		
<i>TOI:</i>	<i>MS06 Medicare Supplement - Other</i>	<i>Sub-TOI:</i>	<i>MS06.000 Medicare Supplement - Other</i>
<i>Product Name:</i>	<i>State Mutual Multiple Policy Report</i>		
<i>Project Name/Number:</i>	<i>State Mutual Multiple Policy Report/</i>		

Filing at a Glance

Company: State Mutual Insurance Company	SERFF Tr Num: IASL-127000409	State: Arkansas
Product Name: State Mutual Multiple Policy Report		
TOI: MS06 Medicare Supplement - Other	SERFF Status: Closed-Accepted For Informational Purposes	State Tr Num: 47775
Sub-TOI: MS06.000 Medicare Supplement - Other	Co Tr Num: SM AR MP RPT	State Status: Filed-Closed
Filing Type: Form		Reviewer(s): Stephanie Fowler
	Authors: Beth Clark, Lauren Perley	Disposition Date: 01/25/2011
	Date Submitted: 01/25/2011	Disposition Status: Accepted For Informational Purposes
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: State Mutual Multiple Policy Report	Status of Filing in Domicile: Pending
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Informational	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 01/25/2011
	State Status Changed: 01/25/2011
Deemer Date:	Created By: Lauren Perley
Submitted By: Lauren Perley	Corresponding Filing Tracking Number:
Filing Description:	

In accordance with your state's Medicare Supplement regulations, Insurance Administrative Solutions, L.L.C. is providing you with the 2010 Multiple Policy Report due March 1, 2011.

Company and Contact

Filing Contact Information

Beth Clark, Compliance Analyst	beth.clark@iasadmin.com
8545 126th Avenue North	727-584-0007 [Phone] 2169 [Ext]

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Product Name: State Mutual Multiple Policy Report
Project Name/Number: State Mutual Multiple Policy Report/

Suite 200 727-584-5613 [FAX]
Largo, FL 33773-1502

Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

State Mutual Insurance Company	CoCode: 69132	State of Domicile: Georgia
One State Mutual Drive	Group Code: 986	Company Type:
Rome, GA 30165	Group Name:	State ID Number:
(706) 291-1054 ext. [Phone]	FEIN Number: 58-1449898	

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Mutual Insurance Company	\$0.00	01/25/2011	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	01/25/2011	01/25/2011

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Disposition

Disposition Date: 01/25/2011

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Letter of Authorization	Accepted for	Yes
		Informational Purposes	
Supporting Document	State Mutual Multiple Policy Report	Accepted for	Yes
		Informational Purposes	

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State: Arkansas

Filing Company: State Mutual Insurance Company

State Tracking Number: 47775

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TOI: MS06 Medicare Supplement - Other

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Product Name: State Mutual Multiple Policy Report

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Supporting Document Schedules

Item Status:

Status

Date:

Bypassed - Item: Flesch Certification

Bypass Reason: N/A

Comments:

Item Status:

Status

Date:

Bypassed - Item: Application

Bypass Reason: N/A

Comments:

Item Status:

Status

Date:

Bypassed - Item: Health - Actuarial Justification

Bypass Reason: N/A

Comments:

Item Status:

Status

Date:

Bypassed - Item: Outline of Coverage

Bypass Reason: N/A

Comments:

Item Status:

Status

Date:

Satisfied - Item: Letter of Authorization

Accepted for Informational
Purposes

01/25/2011

Comments:

Attachment:

2011 01 SM IAS Authorization Letter.pdf

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		Item Status:	Status
			Date:
Satisfied - Item:	State Mutual Multiple Policy Report	Accepted for Informational Purposes	01/25/2011
Comments:			
Attachment:			
AR RPT.pdf			



RICHARD H. BURTON
VICE PRESIDENT AND CORPORATE COMPLIANCE OFFICER

January 19, 2011

Ms. Darcey Shaffer, FLMI, ACS
Compliance Manager
Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, Florida 33773-1502

Re: Life and Health Filings for Rate Increases, Forms and Reporting Requirements
for State Mutual Insurance Company

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of State Mutual Insurance Company, rate increases, forms and reporting requirements for the Company's Life and Health Insurance Policies with the State Insurance Departments.

Insurance Administrative Solutions, L.L.C. may correspond with the State Insurance Departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

Richard H. Burton
rhburton@smrome.com

**FORM FOR REPORTING
MEDICARE SUPPLEMENT POLICIES
STATE OF ARKANSAS**

Company Name: NAIC #69132 STATE MUTUAL INSURANCE COMPANY

Address: c/o Insurance Administrative Solutions, LLC

8545 126th Avenue N, Suite 200

Largo, FL 33773-1502

Phone Number: 877-777-2443

Due March 1, annually

The purpose of this form is to report the following information on each resident of this state who has in force more than one Medicare supplement policy or certificate. The information is to be grouped by individual policyholder.

Policy and Certificate #	Date of Issuance
NONE TO REPORT	



Signature

Beth Clark, Compliance Analyst

Name and Title (please type)

January 25, 2011

Date